

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.		FILING DATE	
						APPLICANT(S)			
						09/381996			
CLAIMS									
AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
IND.	DEP.	IND.	DEP.	IND.	DEP.				
1	1	1							
2	1	1							
3	2	2							
4	1	1							
5	1	1							
6	1	1							
7	1	1							
8	1	1							
9	1	1							
10	1	1							
11	1	1							
12	1	1							
13	1	1							
14	1	1							
15	7	1							
16	7	1							
17	1	1							
18	1	1							
19	1	1							
20	1	1							
21	1	1							
22	0	1							
23	0	1							
24	0	1							
25	0	2							
26	0	1							
27	0	1							
28	0	1							
29	0	1							
30	0	1							
31	0	1							
32	0	1							
33	0	2							
34	0	1							
35	0	1							
36	0	1							
37	0	1							
38	0	1							
39	1	1							
40	1	1							
41	2	2							
42	1	1							
43	0	1							
44	0	1							
45	0	1							
46	1	1							
47	1	1							
48	2	2							
49	2	2							
50	0	0							
51									
52									
53	1	1							
54	1	1							
55	2	2							
56	1	1							
57	0	1							
58	1	1							
59	1	1							
60	2	2							
61	2	2							
62	2	2							
63	0	0							
64	0	0							
65	0	1							
66									
67									
68									
69									
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90									
91									
92									
93									
94									
95									
96									
97									
98									
99									
100									
TOTAL IND.	6	6				TOTAL IND.			
TOTAL DEP.	79	78				TOTAL DEP.			
TOTAL CLAIMS	85	84				TOTAL CLAIMS			